

Other State Agency STATE VEHICLE FUEL KEY REQUEST FORM

Rev. 11/2019

Agency Name: Agency No.:

Type of Request: **NEW:** **LOST:** **KEY NO LONGER WORKS:**

(please select one option below)

Vehicle Assigned as: **Permanent:** **OR** **Temporary:**

Plate No.: Equipment/Asset No.: (if applicable)

If vehicle is a REPLACEMENT indicate OLD Plate No: (Please note: old fuel key will be unauthorized immediately)

Vehicle Type: **YEAR:** **MAKE:** **MODEL:**

Fuel Type: (check one) **Unleaded:** **Diesel:** **Fuel Tank Capacity of Vehicle:** gallons

Will pick up key: **OR** **Please mail key to:**
(Address, City, Zip)

(Please select one option below)

Requestors Name: Requestors Telephone No.:

Requestors Email:

 DO NOT LEAVE OLD FUEL KEY with OLD CAR - BRING in to FUEL CONTROL or your agency will be responsible for the fuel charges. 

Forward to Fuel Control by e-mail or fax

fax: 860-258-1978

PICK UP FUEL KEYS AT: Department of Transportation, Fuel Control, 660 Brook Street, Rocky Hill, CT

Please pick up key within 1 week

Agencies are required to notify DOT Fuel Control 860-258-3036 of any lost or missing keys IMMEDIATELY.

DOT reserves the right to deactivate a state vehicle fuel key at any time.

BRING THIS FORM WITH YOU WHEN PICKING UP YOUR KEY
FORM MUST BE PROPERLY COMPLETED IN ITS ENTIRETY FOR KEY TO BE ISSUED

Key Issued to (print name):

Signature:

Office Telephone No: Date:

DOT FUEL CONTROL USE ONLY

Date request received: Date encoded/By: Sent via: